

Parties to this Complaint:

Plaintiff: Bertha Griffin, Blythewood Seafood Emporium & BBQ Haven

608 E Springs Rd Columbia, SC 29223

Defendants *803-865 9300*

Martin Harter SBA Employee

Richard White Director SBA Office, Columbia SC

Shauna Hastings SBA Employee

Dominic Nzara Manager, Resident Agent for property @

1715 East Lake St Minneapolis

Address: 6313 Bass Lake Rd Crystal, SC

Minnesota Transportation Museum

St Paul Minnesota

Wayne Merchant

193 Pennsylvania Ave East St. Paul Minnesota, 59130

ROVD - USDC COLA SC
MAY 20 '24 PM1:53

If the Basis for Jurisdiction Is Diversity of Citizenship

The Plaintiff(s)

A The Plaintiff Bertha Griffin is a citizen of the State of South Carolina.

If the plaintiff is a corporation

Ø The plaintiff Blythewood Seafood, is incorporated under the laws of the State of South Carolina, and has its principal place of Business in the State of South Carolina.

The plaintiff request that this case be heard in the courts in the State of South of Carolina.

Plaintiff: Bertha Griffin, Blythewood Seafood Emporium & BBQ
Haven

608 E Springs Rd Columbia, SC 29223

Defendants

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Richard White Director SBA Office, Columbia SC

Shauna Hastings SBA Employee

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Address: 6313 Bass Lake Rd Crystal, SC

Minnesota Transportation Museum

St Paul Minnesota

Wayne Merchant

193 Pennsylvania Ave East St. Paul Minnesota, 59130

Amount in controversy (3)

I cannot put a dollar amount owed. I can only seek monetary compensation irreputable emotional and physical harm done to me.

Blythewood Seafood Emporium

608 East Springs Rd

Columbia, SC 29223

Subject Claim for Identity Theft and Fraud

SBA assigned application number 3301211415

My claim #1

My claim is for identity and fraud originating within the Small Business Administration I became aware of fraudulent activity in 2023.

Defendants used my assigned SBA identification number along with fictitious loan number.

They created a loan application using a nonprofit organization.

The name given to me as the recipient of the loan provided is MINNESOTA TRANSPORTATION MUSEUM. I was told by a SBA staff person that this loan was funded around August 28 of 2020 in the amount of \$150,000.

My application for a loan was approved on Nov. 14 2020, amount to be deposited on Dec. 14. However, on Dec. 14 I received a message from Mr. Martin Harter of SBA requesting that I submit an application providing the attached information on my exhibit # .

My loan was rescinded on Dec. 16 2020 because SBA said I had submitted 3 applications for a loan and that I was attempting to commit fraud against the federal government, specifically the SBA. They stated that my applications would have to be investigated. This was never done.

Exhibits for claim #1

Exhibit 1: The application for loan on Aug, 18 2020

Exhibit 2: Copy of request for information received by me from Martin Harter on Dec 14 2020

Exhibit 3: Copy of approval of loan for Blythewood Seafood in the amount \$69,900.

Exhibit 4: See back of exhibit 3 showing that the approval was rescinded Dec. 16 2020. I was told it was because I was attempting to commit fraud against the federal government.

Exhibit 5: Copy of email from Congressional team leader Matthew Jock informing me that he directed by Director Carranza to expedite my loan

Note the same defendants applied to claim 1 and 2.

I have evidence to support my claim which was provided to me by the SBA, under the Freedom of Information Act

U. S. Small Business Administration DISASTER BUSINESS LOAN APPLICATION

If you have questions about this application or problems providing the required information, please contact our Customer Service Center at 1-800-659-2955 or disastercustomerservice@sba.gov
If more space is needed for any section of this application, please attach additional sheets.
SBA will contact you by phone or E-mail to discuss your loan request.

Filing Requirements

FOR ALL APPLICATIONS, EXCLUDING NON-PROFIT ORGANIZATION, THE FOLLOWING ITEMS MUST BE SUBMITTED.

- This application (SBA Form 5), completed and signed
- Tax Information Authorization (IRS Form 4506T), completed and signed by each applicant, each principal owning 20 percent or more of the applicant business, each general partner or managing member; and, for any owner who has greater than 50 percent ownership in an affiliate business. Affiliates include, but are not limited to, business parents, subsidiaries, and/or other businesses with common ownership or management
- Complete copies, including all schedules, of the most recent Federal income tax returns for the applicant business; an explanation if not available
- Personal Financial Statement (SBA Form 413) completed, signed, and dated by the applicant, each principal owning 20 percent or more of the applicant business, and each general partner or managing member
- Schedule of Liabilities listing all fixed debts (SBA Form 2202 may be used)

NON-PROFIT ORGANIZATION (including Houses of Worship, Association, etc), THE FOLLOWING ITEMS MUST BE SUBMITTED:

- This application (SBA Form 5), completed and signed
- A complete copy of the organization's most recent tax return OR a copy of the organizations's IRS tax-exempt certification and complete copies of the organization's three most recent years' "Statement of Activities"
- Schedule of Liabilities.
- Tax Information Authorization (IRS Form 4506-T), completed and signed for each applicant and for any affiliated entity. Affiliates include, but are not limited to, business parents, subsidiaries, and/or other businesses with common ownership or management.

ADDITIONAL REQUIREMENTS FOR MILITARY RESERVIST ECONOMIC INJURY (MREIDL)

- A copy of the essential employee's notice of expected call-up to active duty, or official call-up orders, or release/discharge from active duty
- A written explanation and financial estimate of how the call-up of the essential employee has or will result in economic injury to your business, and the steps your business is taking to alleviate the economic injury
- MREIDL Certification Form P-0002, which includes:
 - Your statement that the reservist is essential to the successful day-to-day operations of the business
 - Your certification that the essential employee will be offered the same or a similar job upon the employee's return from act
 - The essential employee's concurrence with your statements

ADDITIONAL INFORMATION MAY BE NECESSARY TO PROCESS YOUR APPLICATION. IF REQUESTED, PLEASE PROVIDE WITHIN 7 DAYS OF THE INFORMATION REQUEST:

- Complete copy, including all schedules, of the most recent Federal income tax return for each principal owning 20 percent or more, each general partner or managing member, and each affiliate when any owner has more than 50 percent ownership in the affiliate business. Affiliates include, but are not limited to, business parents, subsidiaries, and/or other business with common ownership or management
- If the most recent Federal income tax return has not been filed, a year-end profit-and-loss statement and balance sheet for that tax year
- A current year-to-date profit-and-loss statement
- Additional Filing Requirements (SBA Form 1368) providing monthly sales figures for will generally be required when request for increase in the amount of economic injury.



U.S. Small Business Administration DISASTER BUSINESS LOAN APPLICATION

OMB No.: 3245-0017
Expiration: 08/31/2021

FOR SBA INTERNAL USE ONLY

Date Received 08/18/2020 Location Online By ELA

Physical Declaration Number

Economic Injury Declaration Number

FEMA Registration Number
(if known)

16352

Filing Deadline Date

01/01/0001

Filing Deadline Date

12/31/2020

SBA Application Number

2001324159

1. ARE YOU APPLYING FOR:

☐ Physical Damage – Indicate type of damage

☐ Real Property

☐ Business Contents

☒ Economic Injury (EIDL)

☐ Military Reservist EIDL (MREIDL)

(complete the following)

* Name of Essential Employee

* Employee's Social Security Number

PLEASE PROVIDE ALL INFORMATION OR DOCUMENTATION REQUESTED IN THE ATTACHED FILING REQUIREMENTS.

* For information about these questions, see the attached Statements Required by Laws and Executive Orders.

Apply online at <https://disasterloan.sba.gov/ela/> OR send completed applications to:

U.S. Small Business Administration, Processing and Disbursement Center, 14925 Kingsport Road, Fort Worth, Texas 76155

2. ORGANIZATION TYPE *Sole Proprietors should complete form 5C

☐ Partnership

☐ Limited Partnership

☐ Limited Liability Entity

☒ Corporation

☐ Nonprofit Organization

☐ Trust

☐ Other:

3. APPLICANT'S LEGAL NAME

BLYTHEWOOD SEAFOOD EMPORIUM AND BBQ HAVEN

4. FEDERAL E.I.N. (if applicable)

35-2469251

5. TRADE NAME (if different from legal name)

6. BUSINESS PHONE NUMBER (including area code)

803-865-9300

7. MAILING ADDRESS

☒ Business

☐ Home

☐ Temp

☐ Other

Number, Street, and/or Post Office Box
2000 CLEMSON RD

City
COLUMBIA

County
Richland

State
SC

Zip
29229

8. DAMAGED PROPERTY ADDRESS(ES)

(If you need more space, attach additional sheets.)

☐ Same as mailing address

BUSINESS PROPERTY IS:

☒ Owned

☐ Leased

Number and Street Name
2000 CLEMSON RD

City
COLUMBIA

County
Richland

State
SC

Zip
29229

9. PROVIDE THE NAME(S) OF THE INDIVIDUAL(S) TO CONTACT FOR:

Loss Verification Inspection

Information necessary to process the Application

Name Bertha Griffin

Name Bertha Griffin

Telephone Number 803-865-9300

Telephone Number 803-865-9300

10. ALTERNATE WAY TO CONTACT YOU

☐ Cell Number

☒ E-mail sincerehealthcare@hotmail.com

☐ Fax Number

☐ Other

11. BUSINESS ACTIVITY:

12. NUMBER OF EMPLOYEES (pre-disaster): 2

13. DATE BUSINESS ESTABLISHED: 03/15/2013

14. CURRENT MANAGEMENT SINCE: 03/15/2013

15. AMOUNT OF ESTIMATED LOSS:

If unknown, enter a question mark

☐ Real Estate

☐ Inventory

☐ Machinery & Equipment

☐ Leasehold Improvements

16. INSURANCE COVERAGE (IF ANY)

(If you need more space, attach additional sheets.)

Coverage Type:

Name of Insurance Company and Agent

Phone Number of Insurance Agent

Policy Number

2001324159

546

ADDITIONAL INFORMATION

Please refer to Section and Title

Continued from Section 16.

Do you own more than 50% or are you a Managing Member or General Partner of a corporation, partnership, limited partnership, or LLC?: No

Continued from Section 17. OWNERS

- Individual Owner #1

E-mail Address: sincerehealthcare@hotmail.com

- Individual Owner #1

In addition to ownership in BLYTHEWOOD SEAFOOD EMPORIUM AND BBQ HAVEN, does this individual owner own more than 50% of, or is this individual owner a Managing Member or General Partner of a corporation, partnership, limited partnership, or LLC?: No

Legal Name BERTHA GRIFFIN				Title/Office		% Owned 100		E-mail Address [See Section 22]	
SSN/EIN* [REDACTED]		Marital Status	Date of Birth*	Place of Birth*		Telephone Number (area code)			US Citizenship <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address 608 EAST SPRINGS RD				City COLUMBIA			State SC		Zip 29223
Legal Name				Title/Office		% Owned		E-mail Address	
SSN/EIN*		Marital Status	Date of Birth*	Place of Birth*		Telephone Number (area code)			US Citizenship <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address				City			State		Zip
* For information about these questions, see the attached Statements Required by Laws and Executive Orders.									
Business Entity Owner Name				EIN		Type of Business			% Owned
Mailing Address				City			State		Zip Code
E-mail Address						Phone			

18. For the applicant business and each owner listed in item 17, please respond to the following questions, providing dates and details on any question answered YES (Attach an additional sheet for detailed responses).

- | | | |
|---|------------------------------|-------------------------------------|
| a. Has the business or a listed owner ever been involved in a bankruptcy or insolvency proceeding? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> |
| b. Does the business or a listed owner have any outstanding judgments, tax liens, or pending lawsuits against them? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> |
| c. In the past year, has the business or a listed owner been convicted of a criminal offense committed during and in connection with a riot or civil disorder or other declared disaster, or ever been engaged in the production or distribution of any product or service that has been determined to be obscene by a court of competent jurisdiction? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> |
| d. Has the business or a listed owner ever had or guaranteed a Federal loan or a Federally guaranteed loan? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> |
| e. Is the business or a listed owner delinquent on any Federal taxes, direct or guaranteed Federal loans (SBA, FHA, VA, student, etc.), Federal contracts, Federal grants, or any child support payments? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> |
| f. Does any owner, owner's spouse, or household member work for SBA or serve as a member of SBA's SCORE, ACE, or Advisory Council? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> |
| g. Is the applicant or any listed owner currently suspended or debarred from contracting with the Federal government or receiving Federal grants or loans? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> |

19. Regarding you or any joint applicant listed in Item 17:

a) are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction; b) have you been arrested in the past six months for any criminal offense; c) for any criminal offense - other than a minor violation - have you ever: 1) been convicted, 2) plead guilty, 3) plead nolo contendere, 4) been placed on pretrial diversion, or 5) been placed on any form of parole or probation (including probation before judgement)?

☐ Yes ☒ No If yes, Name: _____

20. PHYSICAL DAMAGE LOANS ONLY. If your application is approved, you may be eligible for additional funds to cover the cost of mitigating measures (real property improvements or devices to minimize or protect against future damage from the same type of disaster event). It is not necessary for you to submit the description and cost estimates with the application. SBA must approve the mitigating measures before any loan increase. **By checking this box, I am interested in having SBA consider this increase.** ☐

21. If anyone assisted you in completing this application, whether you pay a fee for this service or not, that person must print and sign their name in the space below.

Name and Address of Representative (please include the individual name and their company)

(Signature of Individual)	(Print Individual Name)
(Name of Company)	Phone Number (Include Area Code)
Street Address, City, State, Zip	Fee Charged or Agreed Upon

Street Address, City, State, Zip

Unless the NO box is checked, I give permission for SBA to discuss any portion of this application with the representative listed above. NO

AGREEMENTS AND CERTIFICATIONS

On behalf of the undersigned individually and for the applicant business:

I/We authorize my/our insurance company, bank, financial institution, or other creditors to release to SBA all records and information necessary to process this application.

If my/our loan is approved, additional information may be required prior to loan closing. I/We will be advised in writing what information will be required to obtain my/our loan funds.

I/We hereby authorize the SBA to verify my/our past and present employment information and salary history as needed to process and service a disaster loan.

I/We authorize SBA, as required by the Privacy Act, to release any information collected in connection with this application to federal, state, local, tribal or nonprofit organizations (including, but not limited to, Salvation Army, Mennonite Disaster Services, SBA Resource Partners) for the purpose of assisting me with my/our SBA application, evaluating eligibility for additional assistance, or notifying the availability of such assistance.

I/We will not exclude from participating in or deny the benefits of, or otherwise subject to discrimination under any program or activity for which I/we receive Federal financial assistance from SBA, any person on grounds of race, color, gender, marital status, national origin, race, religion, or sex.

SBA, any person on grounds of age, color, handicap, marital status, national origin, race, religion, or sex.
I/We will report to the SBA Office of the Inspector General, Washington, DC 20416, any Federal employee

I/We will report to the SBA Office of the Inspector General, Washington, DC 20410, any fees we have not paid anyone connected with the Federal government for help in getting this loan.

CERTIFICATION AS TO TRUTHFUL INFORMATION: By signing this application, you certify that all information in your application and submitted with your application is true and correct to the best of your knowledge, and that you will submit truthful information in the future.

WARNING: Whoever wrongfully misapplies the proceeds of an SBA disaster loan shall be civilly liable to the Administrator in an amount equal to one-and-one half times the original principal of the loan under 15 U.S.C. 636(b). In addition, any false statement or misrepresentation to SBA may result in criminal, civil or administrative sanctions including, but not limited to, fines and imprisonment, or both, under 15 U.S.C. 645, 18 U.S.C. 1001, 18 U.S.C. 1014, 18 U.S.C. 1040, 18 U.S.C. 3571, and any other applicable laws; 2) treble damages and civil penalties under the False Claims Act, 31 U.S.C. 3729; 3) double damages and civil penalties under the Program Fraud Civil Remedies Act, 31 U.S.C. 3802; and 4) suspension and/or debarment from all Federal procurement and non-procurement transactions. Statutory fines may increase if amended by the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015.

SIGNATURE _____ TITLE _____ DATE _____

*Part 2 of 8-18-2020**Info. can be found
at this address***Comments for Application #2001324159****8/18/2020 8:49:09 AM - DCMSHOSTING\mdhurley****THIS IS A RAPID RECON/CHANGE REQUEST FOR APP# 3301211415
4506T REQUIRED**

Part 3
Form 4506-T
 (September 2018)
 Department of the Treasury
 Internal Revenue Service

Disaster
Request for Transcript of Tax Return

- Do not sign this form unless all applicable lines have been completed.
 ► Request may be rejected if the form is incomplete or illegible.
 ► For more information about Form 4506-T, visit www.irs.gov/form4506t.

OMB No. 1545-187

Tip. Use Form 4506-T to order a transcript or other return information free of charge. See the product list below. You can quickly request transcripts by using our autom self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946. If you need a copy of your return, use Form 4506 Request for Copy of Tax Return. There is a fee to get a copy of your return.

1a Name shown on tax return. If a joint return, enter the name shown first. <i>Bertha L. Griffin</i>	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions) 123-45-6789
2a If a joint return, enter spouse's name shown on tax return. Bob E. Griffin	2b Second social security number or individual taxpayer identification number if joint tax return 123-45-6789
3 Current name, address (including apt., room, or suite no.), city, state, and ZIP code (see instructions) 608 E SPRINGS RD COLUMBIA, SC 29223	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	

5a If the transcript or tax information is to be mailed to a third party (such as a mortgage company), enter the third party's name, address, and telephone number.

U.S. Small Business Administration Office of Disaster Assistance

5b Customer file number (if applicable) (see instructions)

2001324159

Caution: If the tax transcript is being mailed to a third party, ensure that you have filled in lines 6 through 9 before signing. Sign and date the form once you have filled in these lines. Completing these steps helps to protect your privacy. Once the IRS discloses your tax transcript to the third party listed on line 5, the IRS has control over what the third party does with the information. If you would like to limit the third party's authority to disclose your transcript information, you can specify this limitation in your written agreement with the third party.

- 6 **Transcript requested.** Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number request. ► **1040**
- a **Return Transcript**, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days
- b **Account Transcript**, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days
- c **Record of Account**, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days
- 7 **Verification of Nonfiling**, which is proof from the IRS that you did not file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days
- 8 **Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript.** The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2011, filed in 2012, will likely not be available from the IRS until 2013. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

- 9 **Year or period requested.** Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than four years, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must enter each quarter or tax period separately.
- | | | | |
|----------------|----------------|---------------------------|---------------------------|
| 12 / 31 / 2019 | 12 / 31 / 2018 | 12 / 31 / 2017 | 12 / 31 / 2016 |
|----------------|----------------|---------------------------|---------------------------|

Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, manager, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Notes:** This form must be received by IRS within 120 days of the signature date.

☒ **Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T.** See instructions.

Phone number of taxpayer on line 1a or 2a

Bertha L. Griffin
 Signature (see instructions)

10-31-2020
 Date

803-865-9300

Sign Here

Title (if line 1a above is a corporation, partnership, estate, or trust)

Form **1040** Department of the Treasury—Internal Revenue Service (99) **2021** OMB No. 1545-0074 IRS Use Only—Do not write or staple in this space.

Filing Status ☒ Single ☐ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)

Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent ▶

Your first name and middle initial BERTHA		Last name L GRIFFIN		Your social security number 100-22-0074
If joint return, spouse's first name and middle initial		Last name		Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 608 EAST SPRINGS RD				Apt. no.
City, town, or post office. If you have a foreign address, also complete spaces below. COLUMBIA			State SC	ZIP code 29223
Foreign country name		Foreign province/state/county		Foreign postal code

At any time during 2021, did you receive, sell, exchange, or otherwise dispose of any financial interest in any virtual currency? ☐ Yes ☒ No

Standard Deduction Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☒ Were born before January 2, 1957 ☐ Are blind Spouse: ☐ Was born before January 2, 1957 ☐ Is blind

Dependents (see instructions):

(1) First name	Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> If qualifies for (see instructions): Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

If more than four dependents, see instructions and check here ☐

1 Wages, salaries, tips, etc. Attach Form(s) W-2.		1 30,400	
2a Tax-exempt interest.	2a	b Taxable interest.	2b
3a Qualified dividends.	3a	b Ordinary dividends.	3b
4a IRA distributions.	4a	b Taxable amount.	4b
5a Pensions and annuities.	5a	b Taxable amount.	5b
6a Social security benefits.	6a 21,870	b Taxable amount.	6b 10,735
7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/>		7	
8 Other income from Schedule 1, line 10.		8	
9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income.		9	41,135
10 Adjustments to income from Schedule 1, line 26.		10	
11 Subtract line 10 from line 9. This is your adjusted gross income.		11	41,135
12a Standard deduction or itemized deductions (from Schedule A).	12a 14,250		
b Charitable contributions if you take the standard deduction (see instructions).	12b 300		
c Add lines 12a and 12b.		12c	14,550
13 Qualified business income deduction from Form 8995 or Form 8995-A.		13	
14 Add lines 12c and 13.		14	14,550
15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-		15	26,585

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** 2021

11A

Form 1040 (2021)

BERTHA L. GRIFFIN

123456789

Page 2

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	16	2,980
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	2,980
19	Nonrefundable child tax credit or credit for other dependents from Schedule 8812	19	
20	Amount from Schedule 3, line 8	20	
21	Add lines 19 and 20	21	0
22	Subtract line 21 from line 18. If zero or less enter -0-	22	2,980
23	Other taxes, including self-employment tax, from Schedule 2, line 21	23	
24	Add lines 22 and 23. This is your total tax	24	2,980
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	1,200
b	Form(s) 1099	25b	
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	1,200
26	2021 estimated tax payments and amount applied from 2020 return	26	
27a	Earned income credit (EIC). Check here if you were born after January 1, 1998, and before January 2, 2004, and you satisfy all the other requirements for taxpayers who are at least age 18, to claim the EIC. See instructions.	27a	
b	Nontaxable combat pay election	27b	
c	Prior year (2019) earned income	27c	
28	Refundable child tax credit or additional child tax credit from Schedule 8812	28	0
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	
31	Amount from Schedule 3, line 15	31	
32	Add lines 27a and 28 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	1,200
Refund	34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	
35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here	35a	
b	Routing number	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number		
36	Amount of line 34 you want applied to your 2022 estimated tax	36	
Amount You Owe	37 Amount you owe. Subtract line 33 from line 24. For details on how to pay, see instructions	37	1,818
38	Estimated tax penalty (see instructions)	38	28

If you have a qualifying child, attach Sch. EIC.

Refund

Direct deposit?
See instructions.

Amount You Owe

Third Party Designee

Do you want to allow another person to discuss this return with the IRS?

See instructions

☒ Yes. Complete below.☐ No

Designee's

name ▶ Marlon Hutchins, Jr., CPA

Phone

no. ▶ (803) 794-4455

Personal Identification

number (PIN) ▶ 29072

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

If the IRS sent you an Identity Protection PIN, enter it here (see inst.) ▶

Phone no.

Email address

Paid Preparer Use Only

Preparer's name

Marlon Hutchins, Jr.

Preparer's signature

Date

2/7/2022

PTIN

P00145569

Check if

☐ Self-employed

Firm's name ▶ Sharon L. Pate, CPA

Phone no. (803) 794-4455

Firm's address ▶ 532 Knox Abbott Dr., Suite 6, Cayce, SC 29033

Firm's EIN ▶ 57-1125746

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form 1040 (2021)

Inspector General 803
2593017
7-29-23-Who is this person
must know NO

Ins. & Proof of Loss

-2001324159-12-14-~~2020~~
Martin Harter
Blythe and Seafood

612
348
3000
8240

operating 2607-
EIDL-C

Settlement Sheet-

6/2
Name of Co. Pol-
of lds.

Copy of Lease

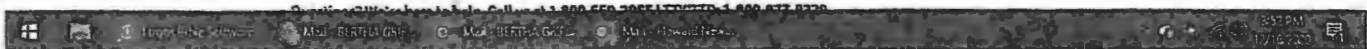
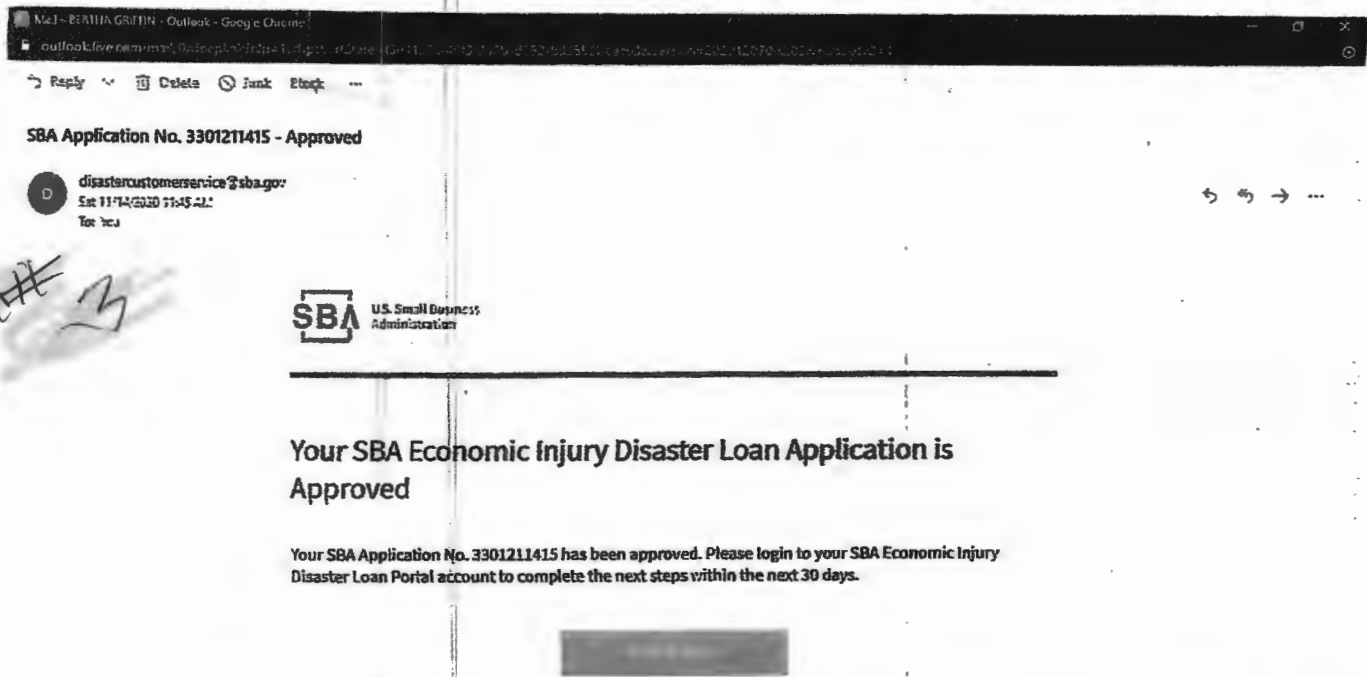
1715 East Lake St
55407

612.673.300
651.556.609
612.722-30

Minn

Copy of Op. Agmt & Copy
of day to day op. L.L.C.
Doc. of any dispute
Rel. to A

Please accept this solicitation
Please use it via telephone
message rather than email.



I was told that the funds were not deposited because SBA discovered I had applied for 3 different loans. Email of 4-7-21 appears to be one of the 3 fraudulent applications

Page 1

Documents from SBA

Howard Newsome <hlnewsome@hotmail.com>

Wed 12/16/2020 3:56 PM

To: sincerehealthcare@hotmail.com <sincerehealthcare@hotmail.com>

Here is what I could find.

The Application says Declined on the website on 12/16/2020.

The screenshot shows the SBA's online portal for business owners. At the top, the SBA logo and "U.S. Small Business Administration" are visible. The user is logged in as "Bertha Griffin". The main navigation bar includes "APPLICATION", "PROCESSING", "FUNDING", and "BUSINESS PROFILE". The "APPLICATION" section is active, showing a "Your Quote" of \$0 and a "Status" of "Declined". A message states: "Unfortunately, your loan cannot be processed at this time." The "Steps to Complete" section lists "Verify Identity", "Electronic Disbursement", and "Upload Documents". The "BUSINESS PROFILE" section shows the application number "3301211415" and the business name "Blythewood Seafood Emporium & BBQ Haven". Contact information for questions is provided: "Call 1-800-658-2955" and "TTY/TDD: 1-800-877-8339". The email address "dustercustomerservice@sba.gov" is also listed.

Previous emails and conversations with Ms. Ruiz says that it was approved on 11/14/2020.

*Declined Dec. 16, but email of 12-17-
states it will be processed*

12/29/2020

Mail - BERTHA GRIFFIN - Outlook

SBA Contact -Blythewood Seafood Emporium &BBQ Haven (3301211415)

Jock, Matthew S. <Matthew.Jock@sba.gov>

Tue 12/29/2020 6:10 PM

To: sincerehealthcare@hotmail.com <sincerehealthcare@hotmail.com>

Good evening Ms. Griffin,

Per our conversation today I will need the following items:

- Tax transcripts from the IRS showing your tax filings for 2019 and 2018. (I will request from these from the IRS with the 4506T on file).
- Proof the corporation is good standing. (The South Carolina Secretary of State is showing it was dissolved in 2018)
- Also please provided a copy of a voided check for the business, and a front and back copy of your driver's license state issued ID, or passport.

Sorry if these items have been requested before and you have sent them in. I am working to expediting the review of your application please send these items for review at your earliest convenience.

Thank you,
Matt

Matthew Jock
Team Lead-Congressional Inquiries
PDC Office of Disaster Assistance
U.S. Small Business Administration
Cell 806-407-0674
matthew.jock@sba.gov



U.S. Small Business
Administration

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*Funds were finally deposited Jan. 21. 21
nine months after my request
made in Apr. 2020*

LINDSEY O. GRAHAM
SOUTH CAROLINA



290 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-5972

UNITED STATES SENATE

February 21, 2023

Ms. Bertha L. Griffin
608 East Springs Road
Columbia, SC 29223-7028

Dear Ms. Griffin:

In final response to my inquiry on your behalf, officials with the SBA provided me with the below response:

There is nothing we can do to help her as she has been treated fairly on all accounts.

Really?

Please know that I was glad to make this contact on your behalf, and I hope the enclosed information proves to be of value to you.

It is an honor to represent you in the United States Senate, and I hope you will continue to call on me whenever I can be of assistance.

Sincerely,

A handwritten signature in black ink, appearing to read "Jim", written over a horizontal line.

Lindsey O. Graham
United States Senator

LOG/ws

Enclosure

Relief (4)

I am seeking \$1.5 million from the corporation involved. I am seeking forgiveness for the \$215,000 loan I was advised to request by the SBA, after I told the person I was speaking with that I could not repay another loan I was purposely misled I have suffered physical health issues as well as severe emotional issues due to enormous number of emails containing broken lies. They told Senator Graham in September of 2020 that my loan was denied due to poor credit when they were in fact holding my credit report of April 22nd 2020 showing 722 credit score. They told Senator Scott in 2021 that my denial was due to the fact that I used two separate zip codes. I am still a victim of identity theft. I was scammed out of thousands of dollars in November of 2023 when I received what was suppose to be a call from the federal government accusing me of laundering millions of dollars through a drug lord, I almost lost my mind I have evidence which I will make available. All of the information in my possession has been provided to me by the SBA under Freedom of Information Act.

A handwritten signature in black ink, appearing to read "Bertha Griffin". The signature is written in a cursive, flowing style with some loops and flourishes.

I) Parties to this Complaint:

A)Plaintiff: Bertha Griffin, Blythewood Seafood Emporium & BBQ Haven

608 E Springs Rd Columbia, SC 29223

803-865-9300

B)Defendants

- 1) Martin Harter SBA Employee
- 2) Richard White Director SBA Office, Columbia SC
- 3) Shauna Hastings SBA Employee
- 4) Dominic Nzara Manager, Resident Agent for property @

1715 East Lake St Minneapolis

Address: 6313 Bass Lake Rd Crystal, SC

- 5) Minnesota Transportation Museum

St Paul Minnesota

- 6) Wayne Merchant

193 Pennsylvania Ave East St. Paul Minnesota, 59130

II) Basis for Jurisdiction

a) If the basis for Jurisdiction Is a Federal Question

b.) If the Basis for Jurisdiction Is Diversity of Citizenship

1. The Plaintiff(s)

The Plaintiff Bertha Griffin is a citizen of the State of South Carolina.

If the plaintiff is a corporation

The plaintiff Blythewood Seafood, is incorporated under the laws of the State of South Carolina, and has its principal place of Business in the State of South Carolina.

The plaintiff request that this case be heard in the courts in the State of South of Carolina.

2. The Defendant(s)

a. If the defendant is an individual

The defendant Martin Harter is an employee of the Small Business Administration

If the defendant is an individual

The defendant Richard White is the director of the Columbia office of the Small Business Administration

4 cont'd

If the defendant is an individual

The defendant Shauna Hastings is an employee of the Small Business Administration

4 cont'd

a. If the defendant is an individual

The defendant Dominic Nzara is Resident Agent

Dominic Nzara

6313 Bass Lake Rd Crystal, SC

If the defendant is an individual

The defendant Wanye Merchant is Director of the Minnesota
Transportation Museum

193 Pennsylvania Ave East St. Paul Minnesota, 59130

Amount in controversy (3)

A dollar amount can never be compensation for the physical and emotional harm I have suffered since April of 2020 to present date

I am in constant fear of the government exercising the threat of legal action against me because of a loan I cannot pay. I was told this loan would be a wash when I received my grant which never

happened because of the fraudulent activity by the named Defendants. I received one telephone call each day, sometimes two I am now 94 years old and almost at the breaking point because these people have destroyed all that I worked for.

My claim #2

My request for a grant was denied by the SBA because the defendants used my identity to apply for a grant. The following exhibits will support my claim

SBA requested information from Blythewood Seafood that was not related to the operation of our business. SBA continued to use Blythewood Seafood application number. Bertha Griffin was advised that if there was an immediate need for funds she should ask for an increase in the amount of her original loan. I was advised to do this shortly after filing my grant request. On the same day April 7th, I received a document with no loan number or application number which I was asked to return to the sender with my application and loan number. I immediately called SBA to inquire what was the meaning of this request. I was told to disregard the email; I did not reply to it.

Exhibits for claim #2

Exhibit 1: request for information with no identifying numbers requesting a total project cost for the property located at 1715 East Lake St

Exhibit 2: See number 20 of this loan application, the box for the increase is not checked because they planned to use my identity to receive a grant.

Exhibit 3: My request for a grant was denied. SBA stated that I did not apply for a grant, however on May 13, 2021, they gave me what they labeled a calculated reward for \$4,854. I have all emails evidence relating to this issue. I received all evidence from SBA under the Freedom of Information Act.

Exhibit 4: Final state from the SBA to Senator Lindsey Graham

Relief (4)

I am seeking \$1.5 million from the corporation involved. I am seeking forgiveness for the \$215,000 loan I was advised to request by the SBA, after I told the person I was speaking with that I could not repay another loan I was purposely misled I have suffered physical health issues as well as severe emotional issues due to enormous number of emails containing broken lies. They told Senator Graham in September of 2020 that my loan was denied due to poor credit when they were in fact holding my credit report of April 22nd 2020 showing 722 credit score. They told Senator Scott in 2021 that my denial was due to the fact that I used two separate zip codes. I am still a victim of identity theft. I was scammed out of thousands of dollars in November of 2023 when I received what was suppose to be a call from the federal government accusing me of laundering millions of dollars through a drug lord, I almost lost my mind I have evidence which I will make available. All of the information in my possession has been provided to me by the SBA under Freedom of Information Act.

SBA Increase Request JO/BC

Disaster Customer Service <DisasterCustomerService@sba.gov>

Wed 4/7/2021 9:46 AM

To: sincerehealthcare@hotmail.com <sincerehealthcare@hotmail.com>

Thank you for contacting the SBA Disaster Customer Service Center.

Requests for loan increase should be made as soon as possible after the need is discovered. The SBA will not consider a request for a loan increase received more than two (2) years from the date of the Loan Authorization and Agreement unless, in the sole discretion of the SBA, there are extraordinary and unforeseeable circumstances beyond the control of the borrower.

To ensure your loan increase request receives the proper attention, please send the following:

1. A written request with a brief explanation as to why the increase is necessary.
2. IRS Form 4506-T for all borrowers and any affiliated business entities.
3. Supporting documentation such as a breakdown of the actual cost, a contractor's estimate, or a contract for repairs (made subject to SBA approval).
4. A Total Project Cost (TPC) which is substantiated by the supporting documentation.

Please note that Requests for improvements that were not in place before the disaster (size increase, quality upgrade, etc.) are generally not eligible.

Submit the above information to our Processing and Disbursement Center by way of the following:

Mail: U.S. Small Business Administration
Processing and Disbursement Center (PDC)
14925 Kingsport Road
Fort Worth, TX 76155

Fax: 817-868-2332**Email:** disastercustomerservice@sba.gov

Please include your SBA application or loan number on all correspondence.

Sincerely,

John O.
Disaster Recovery Specialist
Office of Disaster Assistance, Customer Service Center
U.S. Small Business Administration
Disastercustomerservice@sba.gov



U.S. Small Business
Administration

are any changes, you may be asked to provide documentation to determine if you are eligible for the EIDL Advance. Applicants that pass the initial eligibility requirements will also be required to complete an IRS Form 4506-T allowing the SBA to obtain tax transcripts directly from the IRS before your request for the Targeted EIDL Advance.

The SBA's goal is to process all requests within 21 days of receiving a completed application. EIDL decisions will be communicated via email. Due to limited available funds for the Targeted EIDL program, the SBA will not be able to reconsider applications through an appeal process, so please ensure that your information is correct when submitting your application.

If your request is approved, you will receive an email notification and an ACH deposit to the bank account provided in your application. It is very important that you double-check your bank account information before submitting. Incorrect or incomplete information may result in an inability to approve your request or successfully disburse your funds. Carefully review the information below regarding bank account requirements.

- Double check that your **account number** and **routing number** are correct. They should appear at the bottom of your checks, if available. Log into your online banking account and locate the numbers or contact your bank for confirmation.
- Make sure that the routing number provided is usable for **ACH payments**. Many Advances have been submitted with routing numbers reserved for other types of payments which resulted in the request being denied an Advance.
- **Bank name** should be the official name of the bank; please contact your bank if you are unsure.
- Ensure you provide a **checking account** to facilitate the ACH payment.
- Double check that your account is **still open** and able to receive payments.
- **Before submitting**, you must make sure that the bank account you are providing satisfies the following criteria:
 - Account is **opened using your business legal name** matching the values entered in the business information section on your application. If you do not have a business legal name, the account must match the business owner's name.
 - Account has your **business address and phone number** matching the values entered in the business information section on your application.
 - Account is **opened using your business tax id** (EIN or SSN if no EIN registered) matching the values entered in your initial application.
- Common reasons why the account validation might fail would be the account holder is not the business name on the application, the business name changed since opening the account, the account is a personal account for business, account being in someone else's name such as a spouse, or the account is a bank account for multiple businesses that do not match the business name on the application.
- If you do not have a bank account that satisfies the criteria above, there is a greater chance your request will not be able to approve your Target EIDL Advance.

*This is Grant
request for a*

Targeted Advance Application

17. OWNERS (Individuals and businesses.) Complete for each: 1) proprietor, or 2) limited partner who owns 20% or more interest and general partner, or 3) stockholder or entity owning 20% or more voting stock.
(If you need more space attach additional sheets.)

Legal Name BERTHA GRIFFIN		Title/Office		% Owned 100	E-mail Address [See Section 22]	
SSN/EIN* 123-45-6789	Marital Status	Date of Birth*	Place of Birth*	Telephone Number (area code)		US C <input checked="" type="checkbox"/> Yes
Mailing Address 808 EAST SPRINGS RD			City COLUMBIA	State SC	Zip 29223	

Legal Name		Title/Office	% Owned	E-mail Address	
SSN/EIN*	Marital Status	Date of Birth*	Place of Birth*	Telephone Number (area code)	US C <input type="checkbox"/> Yes
Mailing Address			City	State	Zip

* For information about these questions, see the attached Statements Required by Laws and Executive Orders.

Business Entity Owner Name	EIN	Type of Business	% Own
Mailing Address	City	State	Zip Code
E-mail Address	Phone		

18. For the applicant business and each owner listed in item 17, please respond to the following questions, providing dates and details on any question answered YES (Attach an additional sheet for detailed responses).

- a. Has the business or a listed owner ever been involved in a bankruptcy or insolvency proceeding? ☐ Yes ☒ No
- b. Does the business or a listed owner have any outstanding judgments, tax liens, or pending lawsuits against them? ☐ Yes ☒ No
- c. In the past year, has the business or a listed owner been convicted of a criminal offense committed during and in connection with a riot or civil disorder or other declared disaster, or ever been engaged in the production or distribution of any product or service that has been determined to be obscene by a court of competent jurisdiction? ☐ Yes ☒ No
- d. Has the business or a listed owner ever had or guaranteed a Federal loan or a Federally guaranteed loan? ☐ Yes ☒ No
- e. Is the business or a listed owner delinquent on any Federal taxes, direct or guaranteed Federal loans (SBA, FHA, VA, student, etc.), Federal contracts, Federal grants, or any child support payments? ☐ Yes ☒ No
- f. Does any owner, owner's spouse, or household member work for SBA or serve as a member of SBA's SCORE, ACE, or Advisory Council? ☐ Yes ☒ No
- g. Is the applicant or any listed owner currently suspended or debarred from contracting with the Federal government or receiving Federal grants or loans? ☐ Yes ☒ No

19. Regarding you or any joint applicant listed in item 17:

a) are you presently subject to an indictment, criminal information, arraignment, or other means by which formal criminal charges are brought in any jurisdiction; b) have you been arrested in the past six months for any criminal offense; c) for any criminal offense - other than a minor violation - have you ever: 1) been convicted, 2) plead guilty, 3) plead nolo contendere, 4) been placed on pretrial diversion, or 5) been placed on any form of parole or probation (including probation before judgement)? ☐ Yes ☒ No If yes, Name: _____

20. PHYSICAL DAMAGE LOANS ONLY. If your application is approved, you may be eligible for additional funds to cover the cost of mitigating measures (real property improvements or devices to minimize or protect against future damage from the same type of disaster event). It is not necessary for you to submit the description and cost estimates with the application. SBA must approve the mitigating measures before any loan increase. By checking this box, I am interested in having SBA consider this increase. ☐

21. If anyone assisted you in completing this application, whether you pay a fee for this service or not, that person must print and sign their name in the space below.

Name and Address of Representative (please include the individual name and their company)

(Signature of Individual)	(Print Individual Name)
(Name of Company)	Phone Number (Include Area Code)
Street Address, City, State, Zip	Fee Charged or Agreed Upon

Unless the NO box is checked, I give permission for SBA to discuss any portion of this application with the representative listed above. NO ☐

AGREEMENTS AND CERTIFICATIONS

On behalf of the undersigned individually and for the applicant business:

I/We authorize my/our insurance company, bank, financial institution, or other creditors to release to SBA all records and information necessary to process this application. If my/our loan is approved, additional information may be required prior to loan closing. I/We will be advised in writing what information will be required to obtain my/our loan funds. I/We hereby authorize the SBA to verify my/our past and present employment information and salary history as needed to process and service a disaster loan. I/We authorize SBA, as required by the Privacy Act, to release any information collected in connection with this application to Federal, state, local, tribal or nonprofit organizations (e.g. Red Cross, Salvation Army, Mennonite Disaster Services, SBA Resource Partners) for the purpose of assisting me with my/our SBA application, evaluating eligibility for additional assistance, or notifying the availability of such assistance. I/We will not exclude from participating in or deny the benefits of, or otherwise subject to discrimination under any program or activity for which I/we receive Federal financial assistance from SBA, any person on grounds of age, color, handicap, marital status, national origin, race, religion, or sex. I/We will report to the SBA Office of the Inspector General, Washington, DC 20416, any Federal employee who offers, in return for compensation of any kind, to help get this loan approved. I have not paid anyone connected with the Federal government for help in getting this loan. CERTIFICATION AS TO TRUTHFUL INFORMATION: By signing this application, you certify that all information in your application and submitted with your application is true and correct to the best of your knowledge, and that you will submit truthful information in the future. WARNING: Whoever wrongfully misapplies the proceeds of an SBA disaster loan shall be civilly liable to the Administrator in an amount equal to one-and-one half times the original principal amount of the loan under 15 U.S.C. 636(b). In addition, any false statement or misrepresentation to SBA may result in criminal, civil or administrative sanctions including, but not limited to, fines and imprisonment, or both, under 15 U.S.C. 645, 18 U.S.C. 1001, 18 U.S.C. 1014, 18 U.S.C. 1040, 18 U.S.C. 3571, and any other applicable laws; 2) treble damages and civil penalties under the False Claims Act, 31 U.S.C. 3729; 3) double damages and civil penalties under the Program Fraud Civil Remedies Act, 31 U.S.C. 3802; and 4) suspension and/or debarment from all Federal procurement and non-procurement transactions. Statutory fines may increase if amended by the Federal Civil Penalties Inflation Adjustment Act Improvements Act of 2015.

Skip to Content

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Administration

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Blythewood Seafood Emporium & BBQ Haven

[Messages](#) [Messages](#) [Save Application](#) [Save](#) [Exit Wizard](#) [Exit](#)

- [Status](#)
- [Helpful Links](#)

Calculated Award Amount
\$4,854.00

Your Application Status

Application in Progress

E-Signature Pending

E-Signature Processing

Submitted

IRS Verification

Under Review

Additional Info Needed

SBA Decision

Payment Status

Post Award Assessment

[SBA Website](#)[SBA RRF Program Guide](#)[SBA RRF Application Form](#)[SBA RRF Calculation 4 Template](#)[Video - Learn How to Apply](#)[Educational Presentation](#)[Eligibility](#)[Business Details](#)[Award Calculation](#)[Deposit Account](#)[Supporting Documents](#)[Authorized O](#)[Summary](#)

Thank you for Submitting your Application.

Your Docusign is being processed and will show up on this page when it is complete. This can take a few minutes, so check back shortly.

Your Confirmation ID is #897300215525

Review your Award Request

Blythewood Seafood Emporium & BBQ Haven

Business TIN (EIN) 35-2469251

5-13-21
Awarded 4,854.00-5
Application for mcr
renewed 5-13-21
Decision made 5
if it was sent 3d
14 hrs ago, Appre
by you Apr 7, 2
you stated the
did not submit
Dep. 5-28-21

EX #4
LINDSEY O. GRAHAM
SOUTH CAROLINA



290 RUSSELL SENATE OFFICE BUILDING
WASHINGTON, DC 20510
(202) 224-5972

UNITED STATES SENATE

February 21, 2023

Ms. Bertha L. Griffin
608 East Springs Road
Columbia, SC 29223-7028

Dear Ms. Griffin:

In final response to my inquiry on your behalf, officials with the SBA provided me with the below response:

There is nothing we can do to help her as she has been treated fairly on all accounts.

Please know that I was glad to make this contact on your behalf, and I hope the enclosed information proves to be of value to you.

It is an honor to represent you in the United States Senate, and I hope you will continue to call on me whenever I can be of assistance.

Sincerely,

Lindsey O. Graham
United States Senator

LOG/ws

Enclosure

*This was the last straw,
when I met with Mr. White
he had no comment to the
statement*

Relief: Requesting forgiveness for \$215,000 loan I was advised to apply for by someone with the SBA. This was done to allow the defendants to request a grant to do renovations. I was misled by being told I could use grant money to replace the loan given. I made it crystal clear to whomever I was speaking with that I could not afford another loan. I am worse off now than I was before dealing with the SBA.

I plan to sue the Minneapolis Transportation Museum INC, if they were in fact complicit with the fraudulent activity involving Blythewood Seafood, I have suffered tremendous stress and physical harm over the last 2 year due to the humiliation embarrassment and the severe harm that I am still experiencing from being a victim of identity theft. I am registered with the FBI, FTC and 3 Credit Bureau's. I have planned to transfer the business to my family in 2022 I am now 94 years old and instead of being able to do this I am now facing legal actions by the government or bankruptcy.

X Bertha Griffin